

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000161720

**Entity Name:** 887 SPINNAKER LLC

**Current Principal Place of Business:**

887 SPINNAKER DRIVE W  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

930 SHERIDAN AVE.  
WILMETTE, IL 60091 US

**FEI Number:** 86-3396735

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NUGENT, PATRICIA ESQ  
2455 E SUNRISE BLVD  
SUITE 807  
FORT LAUDERDALE, FL 33304 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KATHREIN, VICTORIA  
Address 930 SHERIDAN AVE.  
City-State-Zip: WILMETTE IL 60091

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VICTORIA KATHREIN

**SOLE MEMBER**

**03/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date